FILED

JAN 13 2020

Clerk, U. S. District Court
Eastern District of Tennessee
At Chattanooga

UNITED STATES DISTRICT COURT

for the

District of Idaho

_____ Division

)
HARVEY WILLIAM HUGUNIN)
) Case No. 1:20-cv-12
_____)   (to be filled in by the Clerk's Office)
Plaintiff(s))
(Write the full name of each plaintiff who is filing this complaint.)
If the names of all the plaintiffs cannot fit in the space above,)
please write "see attached" in the space and attach an additional) Jury Trial: (check one) ☐ Yes ☒ No
page with the full list of names.))
-v-)
UNITED STATES OF AMERICA)
SOCIAL SECURITY TRUST FUND)
)
_____)
Defendant(s))
(Write the full name of each defendant who is being sued. If the)
names of all the defendants cannot fit in the space above, please)
write "see attached" in the space and attach an additional page)
with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I.   **The Parties to This Complaint**

   A.   **The Plaintiff(s)**

   Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

   Name   HARVEY WILLIAM HUGUNIN
   Street Address   GENERAL DELIVERY
   City and County   CHATTANOOGA, HAMILTON
   State and Zip Code   TENNESSEE, 37401
   Telephone Number   NONE
   E-mail Address   NONE

   B.   **The Defendant(s)**

   Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

 Name   UNITED STATES OF AMERICA SOCIAL SECURITY TRUST FUND

 Job or Title *(if known)*

 Street Address   1249 SOUTH VINNELL WAY SUITE 101

 City and County   BOISE   ADA

 State and Zip Code IDAHO 83709

 Telephone Number 1-855-377-9316 H.W.H. 1-800-772-1213

 E-mail Address *(if known)* WWW.socialsecurity.gov
          FAX # 1-208-327-5512

Defendant No. 2

 Name

 Job or Title *(if known)*

 Street Address

 City and County

 State and Zip Code

 Telephone Number

 E-mail Address *(if known)*

Defendant No. 3

 Name

 Job or Title *(if known)*

 Street Address

 City and County

 State and Zip Code

 Telephone Number

 E-mail Address *(if known)*

Defendant No. 4

 Name

 Job or Title *(if known)*

 Street Address

 City and County

 State and Zip Code

 Telephone Number

 E-mail Address *(if known)*

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II.   Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than $75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question   ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A.   If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

SECTION 1838 (b) AND 1818 A (c) (2) (B) OF THE SOCIAL SECURITY ACT.

B.   If the Basis for Jurisdiction Is Diversity of Citizenship

1.   The Plaintiff(s)

    a.   If the plaintiff is an individual

    The plaintiff, *(name)* _____ , is a citizen of the State of *(name)* _____ .

    b.   If the plaintiff is a corporation

    The plaintiff, *(name)* _____ , is incorporated under the laws of the State of *(name)* _____ , and has its principal place of business in the State of *(name)*

    _____ .

    (If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2.   The Defendant(s)

    a.   If the defendant is an individual

    The defendant, *(name)* _____ , is a citizen of the State of *(name)* _____ . Or is a citizen of *(foreign nation)* _____ .

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b.   If the defendant is a corporation

The defendant, *(name)* _____, is incorporated under

the laws of the State of *(name)* _____, and has its

principal place of business in the State of *(name)* _____.

Or is incorporated under the laws of *(foreign nation)* _____,

and has its principal place of business in *(name)* _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3.   The Amount in Controversy

The amount in controversy–the amount the plaintiff claims the defendant owes or the amount at stake–is more than $75,000, not counting interest and costs of court, because *(explain)*:

I HARVEY WILLIAM HUGUNIN CLAIM THE ~~DEFENDAT~~ H.W.H.
DEFENDANT OWES THE PLAINTIFF IN THIS CASE AT LEAST $75,000.
         H.W.H.   H.W.H.

III.   Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

TO THE BEST OF MY KNOWLEDGE THE MEDICARE PART B PREMIUM OF $125.00
BEGAN AGAIN TO BE DEDUCTED FROM MY BENEFIT AMOUNT THEN OF $887.00
FOR NO REASON. I DID NOT EVER SIGNATURE OR REQUEST IN ANY WAY THAT
THE MEDICARE PART B PREMIUM DEDUCTION SHOULD RESUME. AS A RESULT
I AM OVERDUE $1,400.00 THAT WAS ~~DEDUCTED~~ DEDUCTED FROM MY MONTHLY
              H.W.H.   H.W.H. AUGUST OF 2016
   AMOUNT OF $887.00 OVER A TWELVE MONTH PERIOD FROM ~~AUGUST~~
THROUGH JULY OF 2019.

IV.   Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I, THE PLAINTIFF ASK THE COURT TO ORDER REPARATIONS PAYMENT
                                                  H.W.H.
OF AT LEAST $75,000.00. I HAVE NOT RECEIVED THE LUMP SUM OF $1,400.00
~~FOR NO REASON.~~   H.W.H.   ~~AUTOMATICALLY~~ AUTOMATICALLY DEPOSITED INTO MY
   H.W.H.   BANK ACCOUNT.

I HAVE WAITED SINCE AUGUST OF 2018 THROUGH JULY OF 2019
FOR $1400.00 TO BE RETURNED TO ME.

V.   Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.
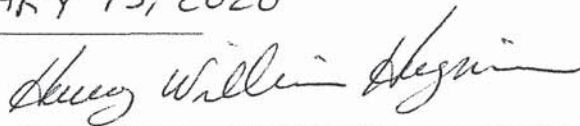
A.   For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case–related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: JANUARY 13, 2020

Signature of Plaintiff   _Harvey William Hugunin_

Printed Name of Plaintiff   HARVEY WILLIAM HUGUNIN

B.   For Attorneys

Date of signing: _____

Signature of Attorney   _____

Printed Name of Attorney   _____

Bar Number   _____

Name of Law Firm   _____

Street Address   _____

State and Zip Code   _____

Telephone Number   _____

E-mail Address   _____

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